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| PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875                                                                                                                                                                                               |                                                                 |       |                                        |          |                                             |                  |   |                    |                          | Application or Docket Number 39         |                    |                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|-------|----------------------------------------|----------|---------------------------------------------|------------------|---|--------------------|--------------------------|-----------------------------------------|--------------------|------------------------|
| CLAIMS AS FILED - PART I (Cotumn 1) (Cotumn 2)                                                                                                                                                                                                                        |                                                                 |       |                                        |          |                                             |                  |   | SMALL E            | ENTITY                   | OR                                      |                    | R THAN<br>ENTITY       |
|                                                                                                                                                                                                                                                                       | FOR                                                             |       | NUMBER FILED                           |          | NUMBI                                       | NUMBER EXTRA     |   | RATE               | FEE                      |                                         | RATE               | FEE                    |
| BASIC FEE<br>(37 CFR 1.16(a))                                                                                                                                                                                                                                         |                                                                 |       |                                        |          |                                             |                  |   |                    | 3                        | OR                                      |                    | ,                      |
| TOTAL CLAIMS<br>(37 CFR 1,16(cl))                                                                                                                                                                                                                                     |                                                                 |       |                                        | migus 20 | 7.                                          |                  |   | X \$ =             |                          | OR                                      | X: :               |                        |
| INDEPENDENT CLAIMS<br>(37 CFR 1.16(b))                                                                                                                                                                                                                                |                                                                 |       |                                        | minus 3  |                                             |                  |   | X \$ =             |                          | OR                                      | X 5 =              |                        |
| Η-                                                                                                                                                                                                                                                                    | TIPLE DEPENDE                                                   | AT CI | —————————————————————————————————————— |          |                                             |                  |   | +, /               |                          | OR                                      |                    |                        |
| · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                 |                                                                 |       |                                        |          |                                             |                  |   | TOTAL              |                          |                                         | +3                 |                        |
| "If the difference in column 1 is less than zero, enter "0" in column 2.                                                                                                                                                                                              |                                                                 |       |                                        |          |                                             |                  | • | TOTAL              |                          | OR                                      | TOTAL              | L                      |
| CLAIMS AS AMENDED - PART II                                                                                                                                                                                                                                           |                                                                 |       |                                        |          |                                             |                  |   |                    |                          |                                         |                    |                        |
| L                                                                                                                                                                                                                                                                     |                                                                 |       |                                        |          | (Column 2)                                  | <u> </u>         |   | SMALL E            | NTITY                    | OR                                      |                    | ENTITY                 |
| NT A                                                                                                                                                                                                                                                                  |                                                                 | RE    | CLAIMS<br>EMAINING<br>AFTER<br>ENDMENT |          | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |   | RATE               | ADDI-<br>TIONAL<br>FEE ( |                                         | RATE               | ADDI-<br>TIONAL<br>FEE |
| Š                                                                                                                                                                                                                                                                     | Total<br>(37 CFR 1.16(c))                                       | •     | 39                                     | Minus    | " 52                                        | - /              |   | x s=               | 1                        | OR                                      | x \$=              |                        |
| AMENDMENT                                                                                                                                                                                                                                                             | independent<br>(37 CFR 1.16(b))                                 | •     | [ii]                                   | Minus    | " 10                                        | -/               |   | x s=               | 1                        | OR                                      | x s=               |                        |
| ₹                                                                                                                                                                                                                                                                     | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 OFR 1.16(d)) |       |                                        |          |                                             |                  |   | +s .=              | 1                        | OR                                      | +5 =               |                        |
|                                                                                                                                                                                                                                                                       |                                                                 |       |                                        |          |                                             |                  |   | TOTAL<br>ADD'L FEE |                          | OR                                      | TOTAL<br>ADD'L FEE | 7                      |
| 5-27-95 (Column 1) (Column 2) (Column 3)                                                                                                                                                                                                                              |                                                                 |       |                                        |          |                                             |                  | i |                    | i                        | , , , , , , , , , , , , , , , , , , , , | 7                  |                        |
| 8                                                                                                                                                                                                                                                                     |                                                                 | RE    | CLAIMS<br>MAINING<br>AFTER<br>ENDMENT  |          | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |   | RATE               | ADDI-<br>TIONAL<br>FEE   |                                         | RATE               | ADDI-<br>TIONAL<br>FEE |
| ENDMENT                                                                                                                                                                                                                                                               | Total<br>(37 CFR 1.15(c))                                       | · _ , | 35                                     | Minus    | "35                                         | = /              |   | x \$=              |                          | OR                                      | X \$ =             |                        |
| EN I                                                                                                                                                                                                                                                                  | Independent<br>(37 CFR 1.16(b))                                 | T     | 6                                      | Minus    | ··· 6                                       | = /              |   | x \$=              |                          | OR                                      | x \$=              |                        |
| A                                                                                                                                                                                                                                                                     | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(d)) |       |                                        |          |                                             |                  |   | + \$=              |                          | OR                                      | + \$=              |                        |
|                                                                                                                                                                                                                                                                       |                                                                 |       |                                        |          |                                             |                  |   | TOTAL<br>ADD'L FEE |                          | OR                                      | TOTAL<br>ADD'L FEE |                        |
| (Column 1) (Column 2) (Column 3)                                                                                                                                                                                                                                      |                                                                 |       |                                        |          |                                             |                  |   |                    |                          |                                         |                    |                        |
| NTC                                                                                                                                                                                                                                                                   | ·                                                               | RE    | CLAIMS<br>MAINING<br>AFTER<br>ENDMENT  |          | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |   | RATE               | ADDI-<br>TIONAL<br>FEE   |                                         | RATE               | ADDI-<br>TIONAL<br>FEE |
| ENDMENT                                                                                                                                                                                                                                                               | Total<br>(37 CFR 1.16(t))                                       | •     |                                        | Minus    | <b>**</b>                                   | 3                |   | x s=``             |                          | OR                                      | X \$=              |                        |
| Z                                                                                                                                                                                                                                                                     | Independent<br>(37 CFR 1.15(b))                                 | •     |                                        | Minus    | ***                                         | =                |   | x \$=              |                          | OR                                      | X 8=               |                        |
| AM                                                                                                                                                                                                                                                                    | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) |       |                                        |          |                                             |                  |   | + s=               |                          | OR                                      | + s_ =             | _                      |
|                                                                                                                                                                                                                                                                       |                                                                 |       |                                        |          |                                             |                  |   | TOTAL<br>ADD'L FEE |                          | OR '                                    | TOTAL<br>ADD'L FEE |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". |                                                                 |       |                                        |          |                                             |                  |   |                    |                          |                                         |                    |                        |

The 'Highest Number Previously Paid For' (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case, Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.